

THE COMMONWEALTH OF MASSACHUSETTS
City of Newton
Fiscal Year 2015

Assessor Use Only
MGL Ch 59 § 5 Veteran
 Date Received:

VETERAN
APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO
 PUBLIC INSPECTION

(See General Laws Chapter 59, Section 60.)

**Must be filed with the Board of Assessors on or
 before December 15, or 3 months
 after the actual (not preliminary) tax bills
 are mailed for the fiscal year if later.**

A. IDENTIFICATION. Complete this section fully. Please Print or Type.

Name of Applicant _____

Marital Status _____ Tel No. _____

Legal Residence (Domicile) on July 1, 2014? _____

Mailing Address (If different) _____

Parcel ID _____ No. of Dwelling Units: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Other _____

Did you own the property July 1, 2014? _____

If yes, were you _____ Sole Owner _____ Co-Owner with spouse only _____ Co-Owner with others

Was the property subject to a Trust as of July 1, 2014? _____ (If yes, and first year of application, or
 first year subject to Trust, attach Trust Instrument and Schedule of Beneficiaries.)

If yes, has the Trust changed since July 1, 2013? _____ (If yes, attach new Trust Instrument and
 Schedule of Beneficiaries.)

Have you been granted an exemption in any other city or town this year? _____

If yes, name of City or Town _____ Amount Exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____ Ownership	_____ GRANTED	Assessed Tax _____
_____ Occupancy	_____ DENIED	Exempted Tax _____
_____ Status	_____ DEEMED DENIED	Adjusted Tax _____
_____ Eligibility	Date Granted/Denied _____	_____
	Certificate No. _____	_____
	Date Cert/Notice Sent _____	_____

Board of Assessors

B. EXEMPTION STATUS Check the status that applies to you and complete the questions that follow.

☐

VETERAN

☐

VETERAN'S SPOUSE

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VETERAN'S SURVIVING SPOUSE OR PARENT

(If you are a surviving spouse or parent applying for the first time, please attach a copy of the Death Certificate.)

Name of Applicant _____

Veteran's Name _____ Date Enlisted/Inducted _____

Date Discharged _____ Type of Discharge _____

Did the Veteran live in Massachusetts at least six months prior to entering the service? _____

If no, list the places and dates where the Veteran was domiciled during the last six years.

Address

Dates

_____	_____
_____	_____
_____	_____

Please list any medals or decorations that entitle the Veteran to this exemption, eg: Purple Heart

Medal/Decoration

Date

_____	_____
_____	_____

Was the Veteran killed during military service? _____ If yes, date of death _____

Does the Veteran have a war service connected disability? _____

If yes, and this is your first application in Newton, or you are 100% disabled or your status has changed, attach Veterans Administration Certificate of Disability.

Has the Veteran acquired specially adapted housing? _____

Is the Veteran capable of working? _____

Is the Veteran a paraplegic? _____

C. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

Signature

Date

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.